FORM D

PROCESSED

APR 04 2003

THOMSON FINANCIAL UNITED STATES
SECURITIES AND EXCHANGE COMMISSION FIVER
Washington, D.C. 20549

FORM D

APR 0 2 2003

OMB Approval
OMB Number: 3235-0076
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NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D. DO

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC US	E ONLY
Prefix	Serial
DATE RE	ECEIVED
i	1

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)						
Trexco, LLC Filing Under (Check box(es) the	at apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	Continue 4(6) CLUI OF				
		Section 4(6) ULOE				
Type of Filing: New Fili						
	A. BASIC IDENTIFICATION DATA	·				
1. Enter the information reques						
	neck if this is an amendment and name has changed, and indicate	• /				
Trexco, LLC		03019714				
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (including Alea Couc)				
	ulevard, Indianapolis, IN 46205	(317) 924-4576				
	Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
(if different from Executive Off	fices) N/A	N/A				
Brief Description of Business						
The business of Trevo	co, LLC is the development, demonstration and commercial exp	laitation of systems which utilize certain phase shange				
	ture in the cooling systems of transformers and other electrical cal					
materials to control the tempera	ture in the cooling systems of transformers and other electrical c	devices and any lawful act of activity incident dicreto.				
Type of Business Organization						
corporation	☐ limited partnership, already formed					
_	⊠ ot	ther (please specify): limited liability company				
☐ business trust	☐ limited partnership, to be formed					
	Month Year	r				
Actual or Estimated Date of Inc.	corporation or Organization:	0				
Actual or Estimated Date of Incorporation or Organization: 1 2 0 0						
sursaiction of incorporation of	CN for Canada; FN for other foreign jurisdiction					
	Civioi Canada, Fivior outer foreign jurisdiction	יי ביוני				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ⊠ Beneficial Owner ☐ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) RW. Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 3520 Washington Boulevard, Indianapolis, Indiana 46205 ☐ Executive Officer Check Box(es) that Apply: □ Promoter M Beneficial Owner ☐ Director □ General and/or Managing Member Full Name (Last name first, if individual) Longardner, Robert Business or Residence Address (Number and Street, City, State, Zip Code) c/o RW, Inc., 3520 Washington Boulevard, Indianapolis, Indiana 46205 Check Box(es) that Apply: ⊠ Beneficial Owner ☐ Executive Officer ☐ General and/or ☐ Promoter Director Managing Partner Full Name (Last name first, if individual) Stafford Technologies, LLC Business or Residence Address (Number and Street, City, State, Zip Code) c/o Carlos Galvis, 1811 Chestnut Street, Suite 700, Philadelphia, Pennsylvania 19103 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code). Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

				В. І	NFORMA	TION ABO	UT OFFEI	RING					
												Y es	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									\boxtimes				
Answer also in Appendix, Column 2, if filing under ULOE.							•	A # 1					
2. What is the minimum investment that will be accepted from any individual? *1 - Note that the Issuer may accept lesser amounts in its sole discretion								<u>0 *1</u>	NT-				
												es	No
3. Does the offering permit joint ownership of a single unit?								\boxtimes					
simila an as broke	ar remunerat sociated per	ion for solic son or ager If more tha	citation of po nt of a broke n five (5) pe	urchasers in er or dealer ersons to be	connection registered v	with sales owith the SE	of securities C and/or wi	in the offeri th a state o	ng. If a por	any commission erson to be liste ist the name of you may set fo	d is the		
Full Nam	ne (Last nam N/A	e first, if in	dividual)				<u></u> -						
Business	or Residence	e Address	(Number and	d Street, Cit	y, State, Zip	Code)							
Name of	Associated E	Broker or D	ealer										
States in	Which Perso	n Listed H	as Solicited	or Intends to	Solicit Pur	chasers	-			·			***
(Chec	ck "All State:	s" or check	individual S	States)			**************	•••••	•••••	•••••		All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1]	D]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	• [N	/O]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[]	PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	_	'R]
	[30]		ERING PR										
Enter indica	the aggregation of the color of Security	er is "none' umns belov	or "zero."	If the transa	action is an	exchange o	ffering, che	ck this box	and and	Aggregate Offering Price	Amo	unt Al Sold	ready
	ebt									50	\$0		
F	anity								9	50			
	1- >			ommon					•				
C	anvartible Sa	curities (in						•	•	<u> </u>	\$0		
	artnership In		_								\$0		
	_					•••••••	····					50,000	
							***************************************		1	<u>1,650,000</u>	\$ <u>1,03</u>	0.000	
	A	nswer also	in Appendix	t, Column 3,	if filing un	der ULOE.							
and the perso	number of a ne aggregate ns who have Enter "0" if	dollar amo	unts of their securities a	purchases. I and the aggr	For offering	s under Rul	e 504, indic	ate the num	ber of				
										Number Investors	Dol	ggrega Iar Am Purcha	ount
A	ccredited Inv	estors			••••••				9)	\$ <u>1,6</u> :	50,000	
Non-accredited Investors								<u>\$0</u>					
									\$ <u>0</u> _				
	A	nswer also	in Appendix	. Column 4,	if filing un	der ULOE.							

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3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for al sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of Offering		Type o Securit		Dollar Amount Sold
	Rule 505				\$
	Regulation A	• • • • • • • • • • • • • • • • • • • •			\$
	Rule 504	• • • • • • • •			\$
	Total				
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the in this offering. Exclude amounts relating solely to organization expenses of the issuer. The in may be given as subject to future contingencies. If the amount of an expenditure is not known, estimate and check the box to the left of the estimate.	nform	nation		
	Transfer Agent's Fees	· · · · · · · · · · · · · · · · · · ·			\$
	Printing and Engraving Costs				\$
	Legal Fees	• • • • • • • • • • • • • • • • • • • •		\boxtimes	\$10,000
	Accounting Fees	••••••			\$
	Engineering Fees				\$
	Sales Commissions (specify finders' fees separately)		•••••	. 🗆	\$
	Other Expenses (identify)				\$
	Total				\$10,000
5.	Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimand check the box to the left of the estimate. The total of the payments listed must equal adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.	sed			\$ <u>1,640,000</u>
			Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees		\$		\$
	Purchase of real estate		\$		\$
	Purchase, rental or leasing and installation of machinery and equipment		\$		\$
	Construction or leasing of plant buildings and facilities		\$		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$		\$
	Repayment of indebtedness		\$		\$
	Working capital] [\$		\$1,640,000
	Other (specify):] [\$ \$		\$1,040,000
] [·		Ψ
	Column Totals		\$		\$S
	20,202	لــا	\$.
	Total Payments Listed (column totals added)		∑ \$ <u>1,640,00</u>	00	

n	FEDER	AT. SI	CNA	TIRE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

Trexco, LLC

Name of Signer (Print or Type)

Trexco, LLC, By:

Date

March 27, 2003

Title of Signer (Print or Type)

Trexco, LLC, By: Carlos Galvis

President of Trexco, LLC

-ATTENTION-